

- The young mother has suffered from severe burns. This could cause many problems in the body, and is potentially life threatening.
- Fistly as her burn takes away the skin, she loses her non permeable barrier to keep fluid within her body. Combined with the tremendous heat from the oil and localized vasodilation caused by NO & CO₂ in the endothelium will both cause excess fluid loss from her body.
- The vasodilation will also cause oedema which will cause both oedema and fluid loss will contribute to hypovolaemia.
- Hypovolaemia is the drop in fluid levels in your vessels and this causes further disruption to the body. It will firstly ~~constrict~~ the amount of stimulate the baroreceptors in the carotid sinus and aortic arch to aid consequently cause tachycardia, Strange Stroke volume and ~~stimulate~~ to try to compensate. Similarly the hypothalamus will detect the hypernatremia and secrete ADH, the ~~for~~ stretch receptors in the atrium and Jugular-glossal junction will detect the fluid loss and secrete low ANP, and more RAASin. These mechanisms all compensate for the hypovolaemia but because the ~~on~~ fluid loss will be too great, it will be unlikely to make a life saving change. Secondly, due to the loss of fluid, there will be an increase in the haemocencentration. This makes the blood more thick and increases the risk of thrombosis and clots. The doctors will probably ~~not~~ include a low molecular weight heparin in their treatment plan to prophylactically prevent further tissue damage caused by clots. ~~Finally~~ Thirdly, I touched on the aspect of hypernatremia & hypotension earlier, but this can also dehydrate the Shreeter. The loss of fluid will cause a relative increase in $[Na^+]$ and $[K^+]$. This causes delirious, seize of urease, confusion and in severe cases coma and sudden cardiac arrest (due to increased resting potential due to TK^+). The kidneys will try to secrete the excess salts out but due to the poor perfusion in hypovolaemia, this will be very inefficient. Finally and maybe most importantly, due to the poor perfusion caused by hypovolaemia, the cells in the body will not get sufficient O₂. There will be an increase in ~~both~~ anaerobic respiration, causing an enormous influx of lactic acid. Eventually the respiratory

- ✓ Compensation of will not be sufficient and cause acidosis. The
- ✓ An increase in $[K^+]$ will also contribute to the acidosis indirectly.
- ✓ Acidosis is potentially very dangerous and cause cell ~~die~~^{death}, tissue lysis ana, kidney failure and liver failure.
- ✓ All of these fluid problems can be treated with adequate fluid replacement, appropriate dressing on the skin to act as the skin, and sufficient O₂ supply. The fluid should probably be colloids to start off with to try to keep the fluid in the vessels. The ~~approximate~~ amount should be calculated by = $4 \times \text{Body Surface Area burnt} \times \text{weight (kg)}/\text{day}$.
- ✓ Half of this should be given in the first 8 hrs, but care should be taken to infuse slowly as sudden fluid ~~size~~^{rate} infusion can quickly cause hypovolaemia which can be deadly. The fluid levels should be monitored regularly and appropriate salts should be given to balance out the "fluid overload" if necessary. The O₂ supply should be very high (80%) and attached to her with a tight fit face mask.
- ✓ If the burn has covered her face, intubation or tracheostomy may be necessary.

- Ventilated
- ✓ She has lost her first barrier against microorganisms. Her skin.
 - ✓ This combined with her immunocompromised state of being in hypovolaemic shock and hypothermia (and possibly being in hospital) will contribute to the likely chance that she will get infected.
 - ✓ A likely organism would be Staph. Aureus because it ~~lives~~ lives on the skin and can also produce biofilms so it can enter through lines and tubes inserted into the mother. Her liver will be hyperperfused and won't be able to produce as many antimicrobial proteins which would help the innate immune system. Also her skin exposed, moist, warm and full of nutrients, it is an excellent culture for bacteria to breed on. Staph. Aureus can ~~not~~ produce toxins and superantigens which will cause endothelial damage, resulting in vasodilation and increase in tissue factors. This will further damage delicate delicate worse her hypovolaemic state and thrombotic state. The infection will also cause pyrexia, contributing to the hypothermia.

and mother's leading to the problems discussed earlier. If her HR heart rate increases, with low white cell count and temperature, she can suffer from Sepsis. Combined with the hypotension, she can also suffer from septic shock a few days after the event. Prophylactic antibiotics (Imipenem) should be administered to prevent this. When prescribing care should be taken to make sure she is not allergic to any drugs and that she is not taking any medication which may cause interactions. For example phenytoin (can interact with warfarin) or the warfarin.

When a patient is ill, especially burnt, their BMR increases to nearly double. From the stress, medication and ~~hospital stay~~ burns. She is unlikely to eat ~~well~~ eat sufficiently. She should be fed with an NG tube or with sip feeds and be monitored for any weight loss throughout her hospital stay. The increase in BMR is due to the mass influx in cytokines from the burn and possible infection causing high catabolic states. She will also be secreting lots of adrenalin, cortisol and noradrenalin with inhibition of insulin in this state and thus continuously catabolizing. This causes muscle and fat breakdown leading to malnutrition. 10% loss of lean body mass can cause further immunosuppression. Also it is strongly correlated with poor prognosis. Starvation can cause ketoacidosis and further worsen the acidic state that she is in.

She should also get adequate care for the pain. Opioids should be administered. Also post traumatic distress syndrome with her and her daughter should be considered for a better prognosis. Better education for ~~her~~ the whole family will prevent these events. Also plastic/reconstructive surgery should be considered for cosmetic and quality of life issues.

Outstanding, Excellent, well integrated